

NORTH BOULEVARD'S SCHOOL OF DISIPLESHIP APPLICATION

APPLICANT INFORMATION

Name:

Please submit with application: A brief summary of when you began to follow Jesus as well as two or three instances when God has worked in your life (1-2 pg. max) Also, please submit a passport-style photograph of yourself (digital or hard copy)

Date of Birth:

Desired Start Date: (circle one)

Fall 2015 Spring 2016

Current address:

City:

State:

ZIP Code:

Cell Phone:

Home Phone:

Email:

FAMILY INFORMATION (IF APPLICANT IS A MINOR)

Parent or Legal Guardian Names:

Address (if different from above):

City:

State:

ZIP Code:

Phone:

E-mail:

Parents: *married* *divorced* (circle one)

CHRISTIAN BACKGROUND

How long have you been a Christian?

Where do you presently fellowship?

Years of Attendance:

Sr. Minister:

Phone:

What are your attendance habits?

Note: If another minister from here or a different church knows you better, please submit his/her name, address, and phone also.

SERVICE & STUDY HABITS

Briefly explain how you are currently involved in your church.

Briefly explain any volunteer or community work that you did this past year.

What are your habits regarding your devotional life? What materials do you regularly use?

In the boxes to the right, please list your top three strengths and weaknesses in relation to your character, gifting, habits, disciplines, etc.

Strengths:

Weaknesses:

SPIRITUAL GROWTH

In which areas of your spiritual walk do you most want to improve or grow?

What Christian authors, if any, have influenced your spiritual walk and growth?

What books or magazines have you read in the past year?

How many hours of TV or visual media do you watch each week? *Circle one*

0-5 hrs 6-10hrs 11-20hrs 20-30hrs

How many hours do you spend on video games/computers each week? *Circle one*

0-5hrs 6-10hrs 11-20 hrs 20-30 hrs

RELATIONSHIPS

Describe your relationship with your best friend or spouse.

Describe your relationship with your parents.

Describe your relationship with your siblings, if you have them.

PERSONAL ASSESSMENT

Why did you decide to apply to the School of Discipleship?

What are your personal goals with regard to this experience?

If there is anything in your personal history that would be pertinent to your participation in our school, please explain in the space below or on a separate sheet of paper.

Do you have a chronic illness, disability, medical, or psychological condition that might affect your ability to fully participate in this program? If yes, please describe.

Do you have any other activities or obligations that would prohibit your regular attendance of our group meetings on Sundays? If yes, please describe.

REFERENCES

Please list three references who could speak of your strengths, weaknesses, and character. Please include one from a minister or church worker. Please do not list family members, relatives, or legal guardians.

Name:	Email:
Relationship to applicant:	Phone:
Name:	Email:
Relationship to applicant:	Phone:
Name:	Email:
Relationship to applicant:	Phone:

To the best of my knowledge, the answers given on this application are true and complete.

Signature: _____

Date: _____

Return application to Renée Sproles, Director, School of Christian Thought, 1112 N. Rutherford Blvd., Murfreesboro, TN 37130 or email to rsproles@nblvd.org.